PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This fo appropriate. All further co- indicated unless corrected maintenance fee notification	rm should be used for tran rrespondence including the l below or directed otherwise	Patent /advance of interference 1, by (a	JE FEE and PU rders and notifica a) specifying a n	BLIC ation ew co	ATION FEE (if requi of maintenance fees w orrespondence address;	ired). Blocks 1 through 5 vill be mailed to the curren and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Fee(s) Transmittal. Thi	s certificate cannot be used	or domestic mailings of the for any other accompanying ent or formal drawing, must
37462 7590 02/08/2006 LOWRIE, LANDO & ANASTASI RIVERFRONT OFFICE ONE MAIN STREET, ELEVENTH FLOOR					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
CAMBRIDGE, MA 02142 04/24/2006 RMEBRAH1 00000035 10797716					Sylvana Householder (Depositor's name)		
					Solar Thosaliel (Signature)		
01 FC:2501 700.00 GP				Į	April 18,	2006	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/797,716	03/10/2004	William S. Barney				T2001-700210	4115
	YSTEM AND METHOD FO	DR BIOAEROSOI	L DISCRIMINAT	TION	BY TIME-RESOLVEI	D FLUORESCENCE	
APPLN. TYPE	SMALL ENTITY	ISSUE F	E PUE		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$700		\$0	\$700	05/08/2006
EXAMINER		ART UNIT			ASS-SUBCLASS		
WEBB, CHR	2884			250-458100		·	
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) TIAX LLC Cambridge, MA							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are ☐ Issue Fee ☐ Publication Fee (No s ☐ Advance Order - # of	b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. any deficiencies The Director is hereby authorized by charge the xequinal factor, or credit any overpayment, to Deposit Account Number						
5. Change in Entity Status (from status indicated above) \$\sum_{\text{a}}\$ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. \$\sum_{\text{b}}\$ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.							
Authorized Signature							
Typed or printed neme _	Registration No. 34,654						
This collection of informatic an application. Confidential submitting the completed ap- this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. pplication form to the USPT of for reducing this burden, shinia 22313-1450. DO NOT \$1450.	11. The information 122 and 37 CFR O. Time will vary could be sent to the SEND FEES OR C	on is required to on 1.14. This collect depending upon the Chief Informatic COMPLETED FOR	btain tion is the in on Of ORMS	or retain a benefit by the estimated to take 12 m dividual case. Any conficer, U.S. Patent and To THIS ADDRESS	ne public which is to file (an ninutes to complete, includi mments on the amount of ti Trademark Office, U.S. Deg. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

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OFE 408

APR 2 1 2006

Docket No.: T2001-7002.10

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Äpplicant:

William S. Barney

Serial No:

10/797,716

Confirmation No.:

4115

Filed:

March 10, 2004

For:

SYSTEM AND METHOD FOR BIOAEROSOL DISCRIMINATION

BY TIME-RESOLVED FLUORESCENCE

Examiner:

Webb, Christopher G.

Art Unit:

2884

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 1844 day of April, 2006

Sylvana Householder

Mail Stop Issue Fee

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Transmitted herewith are the following documents:

[X] Part B – Fee(s) Transmittal

[X] Return Receipt Postcard

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 395-7000.

A check in the amount of \$700.00 is enclosed to cover the issue fee. If the fee required differs from the amount enclosed, the Commissioner is hereby authorized to charge any underpayment to or refund any overpayment to Deposit Account No. 50/2762. A duplicate of this sheet is enclosed.

Respectfully submitted,

William S. Barney, Applicant

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Date: April **/**8, 2006